

CLAIMS ONLY								Application Number		Filing Date	
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/						51				
2		/					52				
3		/					53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
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12							62				
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16							66				
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21		/					71				
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23	/						73				
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27		/					77				
28		/					78				
29		/					79				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

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